

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.  
*101009771*

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
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TOTAL IND.	/			
TOTAL DEP.	13	↓	↓	↓
TOTAL CLAIMS	14	↓	↓	↓

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TOTAL DEP.		↓	↓	↓				
TOTAL CLAIMS								